

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000014380

1. Corporation Name

SHOWTIME ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

~~1221 WHITESTONE WAY
FT LAUDERDALE FL 33325~~

1221 WHITESTONE WAY
FT LAUDERDALE FL 33325

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

12530 SW 34 pl.

Suite, Apt. #, etc.

City & State

Davie FL

Zip

33330

Country

USA

3. New Mailing Office Address, If Applicable

12530 SW 34 pl.

Suite, Apt. #, etc.

City & State

Davie FL

Zip

33330

Country

USA



REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1996

5. FEI Number

65-0699065

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	FRANTZ, LISA	1221 WHITESTONE WAY 12530 SW 34 pl.	FT LAUDERDALE FL 33325 DAVIE FL 33330
DVP	CURBELO, BOB	2051 RENAISSANCE BLVD. # 103	MIRAMAR FL 33025

400024329344
10/31/03--01026--006 **150.00

8. Name and Address of Current Registered Agent

FRANTZ, LISA

1221 WHITESTONE WAY

FT LAUDERDALE FL 33325

9. Name and Address of New Registered Agent

Name

LISA FRANTZ

Street Address (P.O. Box Number is Not Acceptable)

12530 SW 34 pl.

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33330

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/28/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/03
Date

954
412-3354
Daytime Phone #

CR2E040 (7/03)

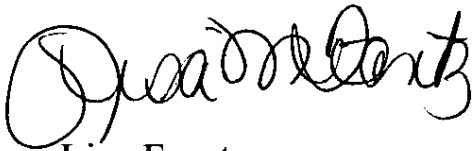
October 28, 2003

As per my telephone conversation this morning, enclosed is my check for \$150.00 to reinstate my corporation.

As you can see the address has changed since September of last year and the postal service did not forward to us.

— Thank you for your understanding in this matter and waiving late fees. —

Sincerely,

A handwritten signature in black ink, appearing to read 'Lisa Frantz', with a large, stylized initial 'L'.

Lisa Frantz
Showtime Entertainment
12530 SW 34th pl
Davie, Fl. 33330

954-472-3354